PRIORITY CLAIMED UNDER 35 U.S.C. 119

YES

	`	
DECLARATION AN	ID POWER OF ATTORNEY	ATTORNĚÝ DOCKET NO. 7007-001
My residence/post of I believe I am the or joint inventor (if plu patent is sought on	nventor, I hereby declare that: Iffice address and citizenship are as signal, first and sole inventor (if only ral names are listed below) of the sthe invention entitled: OCESS FOR OUTGASSING-SENSITIV	one name is listed below) or an original, first and subject matter which is claimed and for which a
the enecification of	which is attached hereto unless the	following box is checked:
() was filed on Number	as US Applicat	ion Serial No. or PCT International Application (if applicable).
I hereby state that	the second and understood th	ne contents of the above-identified specification, i) referred to above. I acknowledge the duty to
I hereby claim foreign p	nd/or Claim of Foreign Priority mority benefits under Titls 35, United States ted below and have also identified below any of the anglication on which priority is claimed	Code Section 119 of any foreign application(s) for patent or foreign application for patent or inventor(s) cartificate having it:

APPLICATION NUMBER COUNTRY

n/a Provisional Application

DATE FILED

Thereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed

APPLICATION SERIAL NUMBER	FILING DATE
n/a	
	1

U.S. Priority Claim

thereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paregreph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Ragulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION SERIAL NUMBER -	FILING DATE	STATUS (patented/pending/abandoned)
n/a		

POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all

business in the Patent and Trademark Office connected therewith; Also include:Stanley N. 022878 Number Bar Code Customer Number Protigal, Reg. No. 28,657 Label here

Direct Telephone Calls To: Send Correspondence to: Pamela Lau Kee AGILENT TECHNOLOGIES Legal Department, 51UPD Senior Patent Agent Intellectual Property Administration Agilent Technologies P.O. Box 58043 408/553-3059 Santa Clara, California 95052-8043

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor:	Vijaya N. V. Raghavan Citizenship: U.S.	
Residence:	Los Altos, California U.S.A.	_
Post Office Address:	163 South Gordon Way, Los Altos, California 94022 U.S.A.	_
1	m Apham 6/22/2000	
Inventor's Signa	Date	_

2 0 . .

... ORNEY DOCKET NO. 7007-001

DECLARATION AND POV. ... OF ATTORNEY FOR PATENT APPLICATION (continued) Full Name of # 2 joint inventor: Mark Timothy Sullivan Citizenship: U.S. Mountain View, California U.S.A. Residence: 7307 Palo Alto Avenue, Mountain View, California 94041 U.S.A. Post Office Addre 122/00 Inventor's Signature Full Name of # 3 joint inventor: Gerald William Purmal Citizenship: U.S. Los Gatos, California U.S.A. Residence: P.O. Box 1746, Los Gatos, California 95033 U.S.A. Post Office Address line Full Name of # 4 joint inventor: Residence: Post Office Address: Inventor's Signature Full Name of # 5 joint inventor: Residence: Post Office Address: Inventor's Signature Dete Citizenship: Full Name of # 6 joint inventor: Residence: Post Office Address: Date Inventor's Signature Citizenship: Fuli Neme of # 7 joint inventor: Residence: Post Office Address: Inventor's Signature Citizenship: Fuli Neme of # 8 joint inventor:

Date

Residence:
Post Office Address: